

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>10/16/10</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>CA</i>	<i>32134</i>	<i>11-14-00</i>
RESPONSE FORMALITY REVIEW	<i>SC</i>	<i>943</i>	<i>03/23/01</i>

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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